

18 NOV

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

18 Nov 1965

Day Month Year

2. Time of day:

3:00 3

Hour Minutes

(Circle One): A.M. or P.M.

3. Time Zone:

(Circle One): a. Eastern
 b. Central
 c. Mountain
 d. Pacific
 e. Other _____

(Circle One): a. Daylight Saving
 b. Standard

4. Where were you when you saw the object?

[REDACTED]
 Nearest Postal Address

Terrace Park
 City or Town

Ohio
 State or County

5. How long was object in sight? (Total Duration)

0 3 1

Hours Minutes Seconds

- a. Certain
 b. Fairly certain
 c. Not very sure
 d. Just a guess

5.1 How was time in sight determined? By looking at my watch5.2 Was object in sight continuously? Yes ✓ No _____

6. What was the condition of the sky?

DAY

- a. Bright
 b. Cloudy

NIGHT

- a. Bright
 b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

- (Circle One): a. In front of you
 b. In back of you
 c. To your right
 d. To your left
 e. Overhead
 f. Don't remember

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
 - b. A few
 - c. Many
 - d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
 - b. Dull moonlight
 - c. No moonlight - pitch dark
 - d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
 - b. Hazy
 - c. Scattered clouds
 - d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
 - b. Fog, mist, or light rain
 - c. Moderate or heavy rain
 - d. Snow
 - e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
 - b. Transparent
 - c. Vapor
 - d. As a light
 - e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
 - b. Dimmer
 - c. About the same
 - d. Don't know

11.1 Compare brightness to some common object:

Looked like spotlight playing on the clouds but without

12. The edges of the object were:

(Circle One):

- a. Fuzzy or blurred
- b. Like a bright star
- c. Sharply outlined
- d. Don't remember

e. Other _____

13. Did the object:

- a. Appear to stand still at any time?
 - b. Suddenly speed up and rush away at any time?
 - c. Break up into parts or explode?
 - d. Give off smoke?
 - e. Change brightness?
 - f. Change shape?
 - g. Flash or flicker?
 - h. Disappear and reappear?

(Circle One for each question)

14. Did the object disappear while you were watching it? If so, how?

Yes. But did not reappear.

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

it moved behind: _____

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

in front of: _____

17. Tell in a few words the following things about the object:

a. Sound no sound heard

b. Color yellow (bright)

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

I can't answer this question.

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.



20. Do you think you can estimate the speed of the object?

(Circle One) Yes No

IF you answered YES, then what speed would you estimate? *faster than a jet*

21. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No

IF you answered YES, then how far away would you say it was? *2 to 3 miles*

22. Where were you located when you saw the object?
(Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other _____

two places

23. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

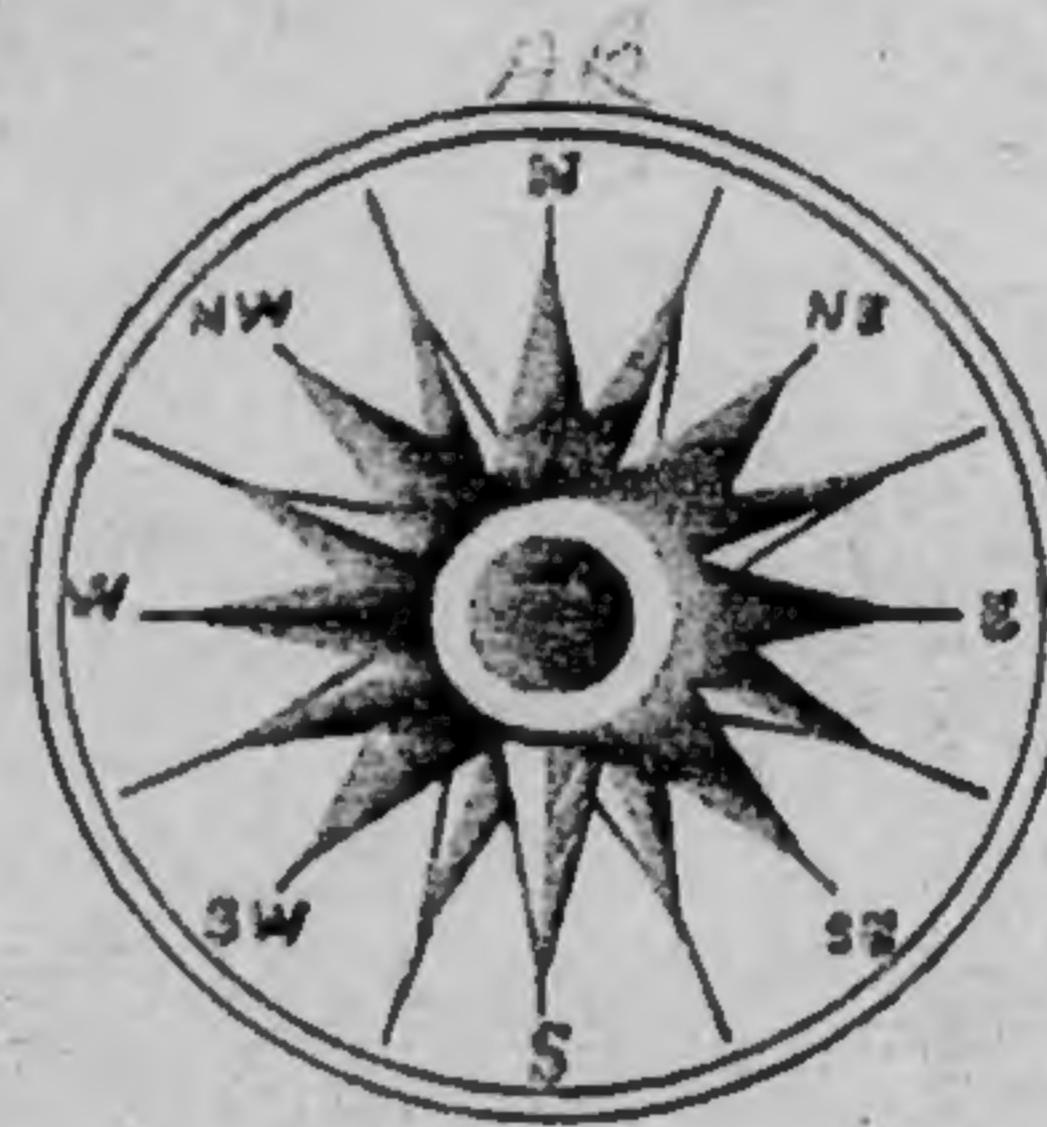
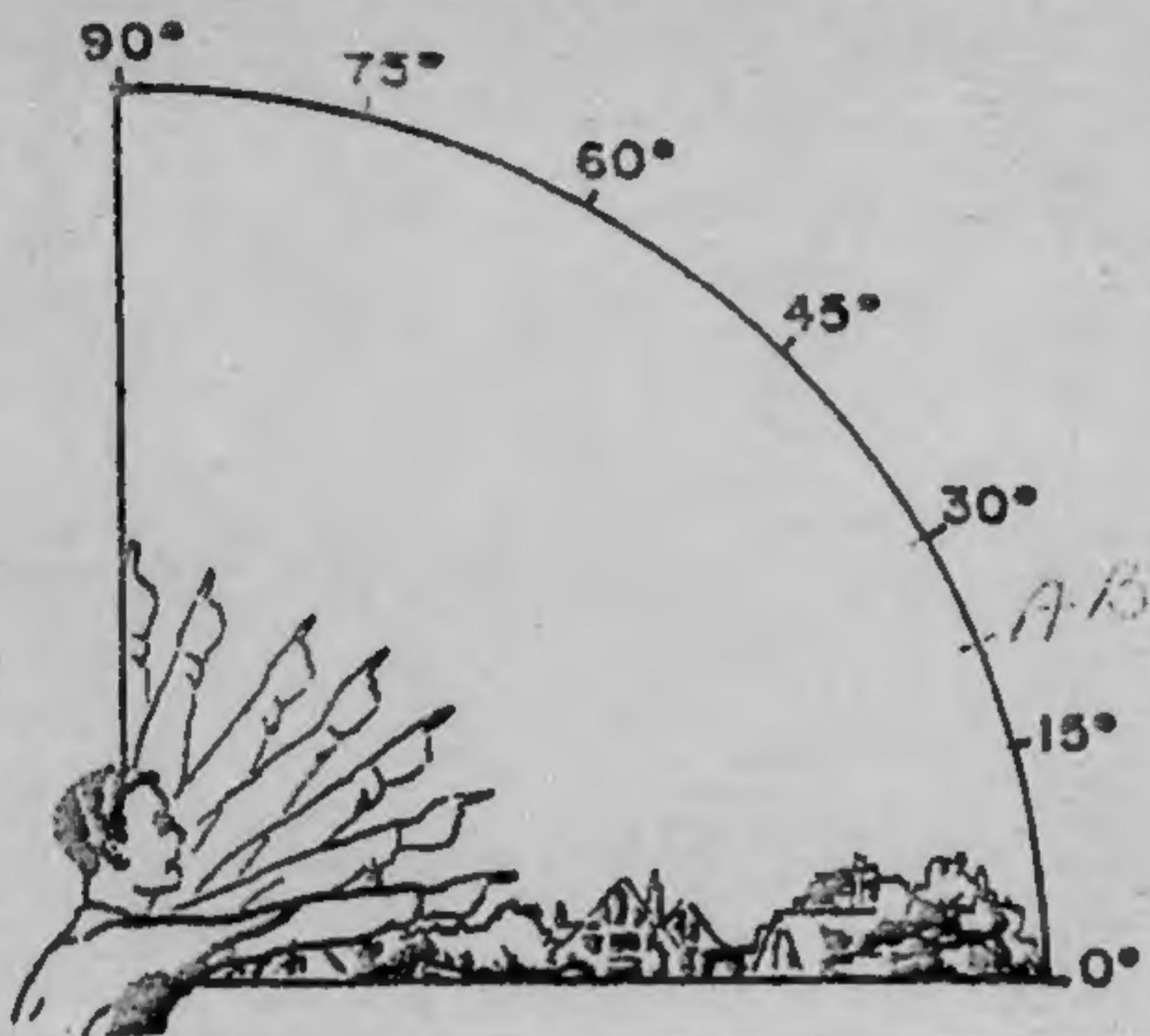
25. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|--------------------------------------|-------------------------------------|---------------|-----|-------------------------------------|
| a. Eyeglasses | Yes | <input checked="" type="radio"/> No | e. Binoculars | Yes | <input checked="" type="radio"/> No |
| b. Sun glasses | Yes | <input checked="" type="radio"/> No | f. Telescope | Yes | <input checked="" type="radio"/> No |
| c. Windshield | Yes | <input checked="" type="radio"/> No | g. Theodolite | Yes | <input checked="" type="radio"/> No |
| d. Window glass | <input checked="" type="radio"/> Yes | No | h. Other | | |

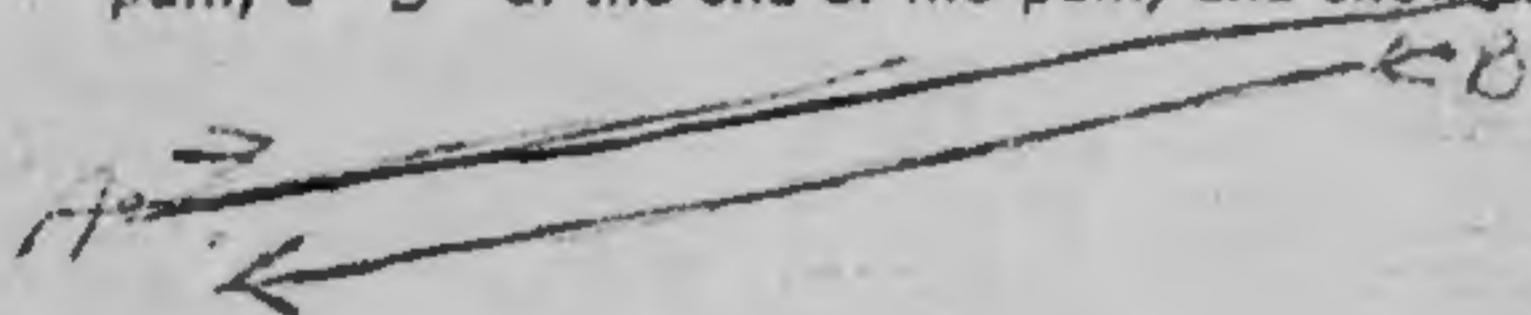
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

a very bright light (no rays)

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass where you last saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? 0226

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

NO

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes

No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes

No

31.2 Please list their names and addresses:

[REDACTED]

[REDACTED]

Park, Ohio 45731

32. Please give the following information about yourself:

NAME [REDACTED]

Last Name

[REDACTED]

First Name

[REDACTED]

Middle Name

ADDRESS [REDACTED]

Street

Revere Park

Ohio

Zone

State

TELEPHONE NUMBER [REDACTED]

AGE 10

SEX M

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

18

NOV

1965

Day

Month

Year

Wright-Patterson AFB

34. Date you completed this questionnaire:

8 JUN 1966

Day

Month

Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

11/11/65 Nov 1965

Day

Month

Year

2. Time of day: 8

Hour

45

Minutes

(Circle One):

A.M.

or

P.M.

3. Time Zone:

(Circle One):
 a. Eastern
 b. Central
 c. Mountain
 d. Pacific
 e. Other _____

(Circle One):
 a. Daylight Saving
 b. Standard

4. Where were you when you saw the object?

Nearest Postal Address

Tenane Park

Ohio

City or Town

State or County

5. How long was object in sight? (Total Duration)

15

Hours

15

Minutes

Seconds

- a. Certain
- b. Fairly certain
- c. Not very sure
- d. Just a guess

5.1 How was time in sight determined?

Television Program - Game

5.2 Was object in sight continuously?

Yes No X

6. What was the condition of the sky?

DAY
 a. Bright
 b. Cloudy

NIGHT
 a. Bright
 b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

- (Circle One):
- a. In front of you
 - b. In back of you
 - c. To your right
 - d. To your left
 - e. Overhead
 - f. Don't remember

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
 - b. A few
 - c. Many
 - d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
 - b. Dull moonlight
 - c. No moonlight - pitch dark
 - d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
 - b. Hazy
 - c. Scattered clouds
 - d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
 - b. Fog, mist, or light rain
 - c. Moderate or heavy rain
 - d. Snow
 - e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
 - b. Transparent
 - c. Vapor

8. As a light

 - d. Light
 - e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
b. Dimmer
c. About the same
d. Don't know

11.1 Compare brightness to some common object:

BRIEFT CÖNN SINGE. WITZEN SÄGNET HATTE

12. The edges of the object were:

(Circle One): a. Fuzzy or blurred

- b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

- a. Appear to stand still at any time?
 - b. Suddenly speed up and rush away at any time?
 - c. Break up into parts or explode?
 - d. Give off smoke?
 - e. Change brightness?
 - f. Change shape?
 - g. Flash or flicker?
 - h. Disappear and reappear?

14. Did the object disappear while you were watching it? If so, how?

YES - AFTER IT HAD SHOT STRAIGHT
SLOW AND BACK TO ITS ORIGINAL
POSITION.

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes No Don't Know. IF you answered YES, then tell what it moved behind:

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes No Don't Know. IF you answered YES, then tell what in front of: SCREEN IN FRONT OF CLOUDS.

17. Tell in a few words the following things about the object:

a. Sound alone

b. Color BRIGHT - WHITE below

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

WIDTH - TWICE AS BIG AS HEAD
LENGTH TEN TO TWENTY TIMES AS HEAD
(COMPARED WITH A BOOK MARK)

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.



No Features

18 NOV

FTD (TDEW)
Wright-Patterson AFB, Ohio 45433
7 January 1966

[REDACTED]
Terrace Park, Ohio

Dear [REDACTED],

A review of our November 1965 sightings indicates there was insufficient information for a proper evaluation of your report. Would you please complete the attached FTD Form 164s and return them to our office in the envelope provided at your convenience.

Sincerely,

HECTOR QUINTANILLA, Jr., Major, USAF
Chief, Project Blue Book

OFFICIAL FILE COPY

Office of Record

20. Do you think you can estimate the speed of the object?

(Circle One) Yes No

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No

IF you answered YES, then how far away would you say it was? 5-10,000'

22. Where were you located when you saw the object?

(Circle One): Two Parks

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other Suburban Area
or Open Country

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

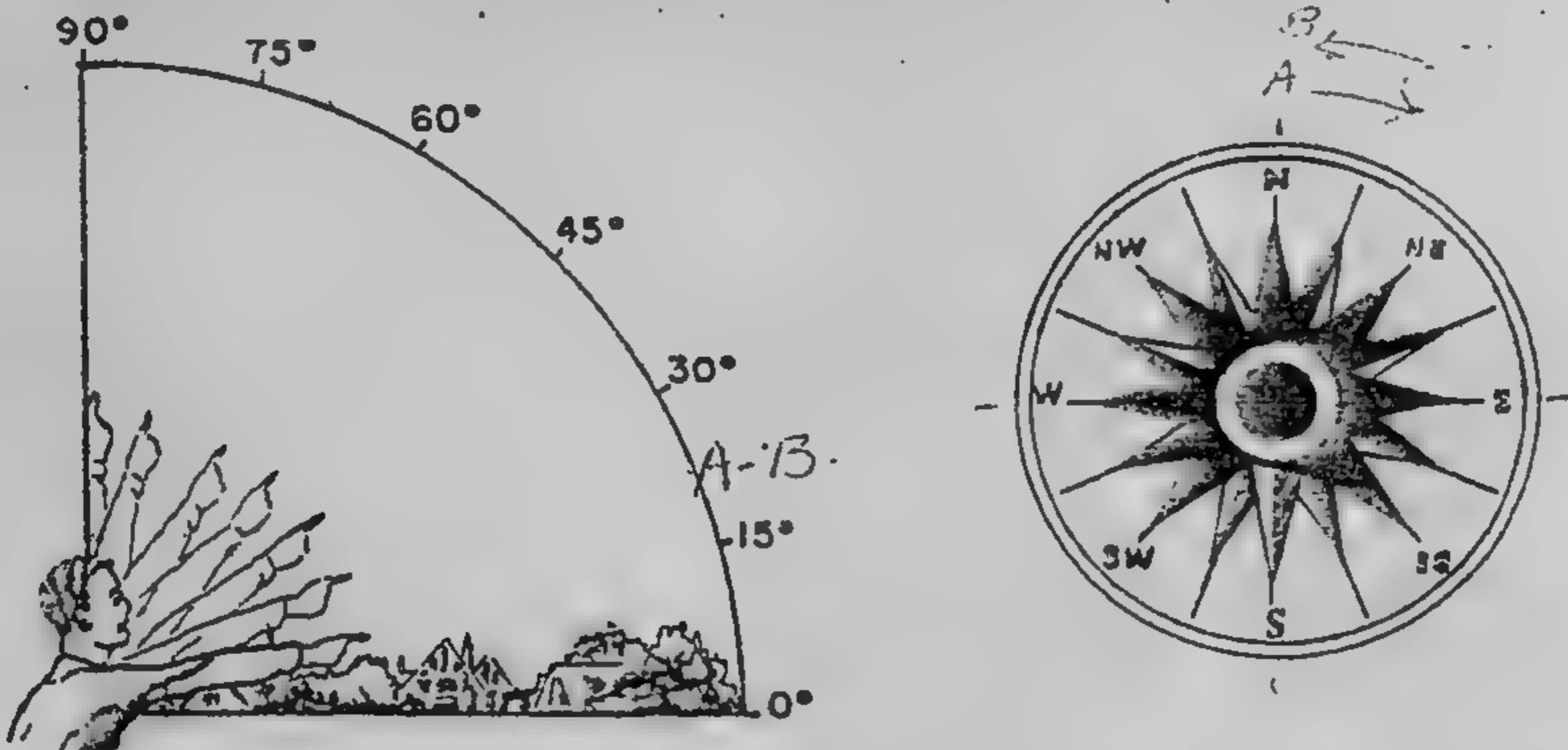
25. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|--------------------------------------|----|--------------------------------------|-------------------|-------------------|
| a. Eyeglasses | Yes | No | e. Binoculars | Yes | No |
| b. Sun glasses | Yes | No | f. Telescope | Yes | No |
| c. Windshield | Yes | No | g. Theodolite | Yes | No |
| d. Window glass | <input checked="" type="radio"/> Yes | No | h. Other <u>Binoculars in window</u> | <u>binoculars</u> | <u>binoculars</u> |

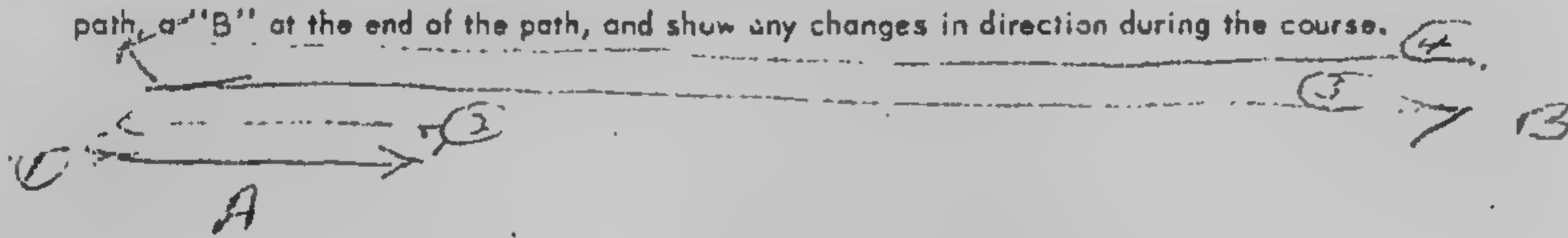
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

Two Parked cars - To get away -
Car on x side up & down

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass where you last saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? _____
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

18 Oct 1968 at 5:45 P.M.

31. Was anyone else with you at the time you saw the object? (Circle One) Yes No

31.1 IF you answered YES, did they see the object too? (Circle One) Yes No

31.2 Please list their names and addresses:

[REDACTED]

TERACE AVE., 45774, ONT.

[REDACTED]

TERACE AVE., 45774, ONT.

32. Please give the following information about yourself:

NAME _____ Last Name First Name Middle Name

ADDRESS _____ Street City Zone State

TELEPHONE NUMBER _____ AGE 12 SEX Male

Indicate any additional information about yourself, including any special experience, which might be pertinent.

I HAVE READ SEVERAL ARTICLES
ON U.F.O.'S.
I HAVE FOUND COMMUNICATED WITH
SOMEONE. TIMES.

33. When and to whom did you report that you had seen the object?

18 Oct 1968 to Agent John Wright of the FBI
Day Month Year

34. Date you completed this questionnaire:

8

Jan

1961

Day

Month

Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

18 NOV 1965
Day Month Year

2. Time of day:

2130 ~~10:30 P.M.~~
Hour Minutes

(Circle One): A.M. or P.M.

3. Time Zone:

(Circle One):
 a. Eastern
 b. Central
 c. Mountain
 d. Pacific
 e. Other _____

(Circle One):
 a. Daylight Saving
 b. Standard

4. Where were you when you saw the object?

~~Nearest Postal Address~~ TERRADE PARK N.H.D.
City or Town State or County

5. How long was object in sight? (Total Duration)

0 0 20-1 MINUTE
 Hours Minutes Seconds

- a. Certain
- b. Fairly certain
- c. Not very sure
- d. Just a guess

5.1 How was time in sight determined? CHILDREN'S STATEMENT

5.2 Was object in sight continuously? Yes No _____

6. What was the condition of the sky?

DAY

- a. Bright
- b. Cloudy

NIGHT

- a. Bright
- b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

- | | | |
|---------------|--------------------|-------------------|
| (Circle One): | a. In front of you | d. To your left |
| | b. In back of you | e. Overhead |
| | c. To your right | f. Don't remember |

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
 - b. A few
 - c. Many
 - d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
 - b. Dull moonlight
 - c.** No moonlight – pitch dark
 - d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
 - b. Hazy
 - c. Scattered clouds
 - d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
 - b. Fog, mist, or light rain
 - c. Moderate or heavy rain
 - d. Snow
 - e. Don't remember

10. The object appeared: (Circle One);

- a. Solid
 - b. Transparent
 - c. Vapor
 - d. As a light
 - e. Don't remember

d. As a light

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
 b. Dimmer
 c. About the same
 d. Don't know

11.1 Compare brightness to some common object:

100 BRIGHTEST THAN A STAR, WHICH APPEARS

12. The edges of the object were:

(Circle One): a. Fuzzy or blurred
b. Like a bright star
c. Sharply outlined
d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

- a. Appear to stand still at any time?
 - b. Suddenly speed up and rush away at any time?
 - c. Break up into parts or explode?
 - d. Give off smoke?
 - e. Change brightness?
 - f. Change shape?
 - g. Flash or flicker?
 - h. Disappear and reappear?

14. Did the object disappear while you were watching it? If so, how?

~~SPED AWAY TOWARD THE EAST VERY RAPIDLY, THEN
WENT BACK TO ORIGINAL POSITION & DISAPPEARED~~

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes No: Don't Know. IF you answered YES, then tell what it moved behind:

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes No: Don't Know. IF you answered YES, then tell what in front of:

17. Tell in a few words the following things about the object:

a. Sound NO

b. Color STARLIKE - BRIGHT WHITE

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

4 MATCH HEADS - WIDTH
25 " " - LENGTH

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.



20. Do you think you can estimate the speed of the object?

(Circle One) Yes No

IF you answered YES, then what speed would you estimate? FASTER THAN JET.

21. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No

IF you answered YES, then how far away would you say it was? 5-10 miles

22. Where were you located when you saw the object?
(Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

25. Did you observe the object through any of the following?

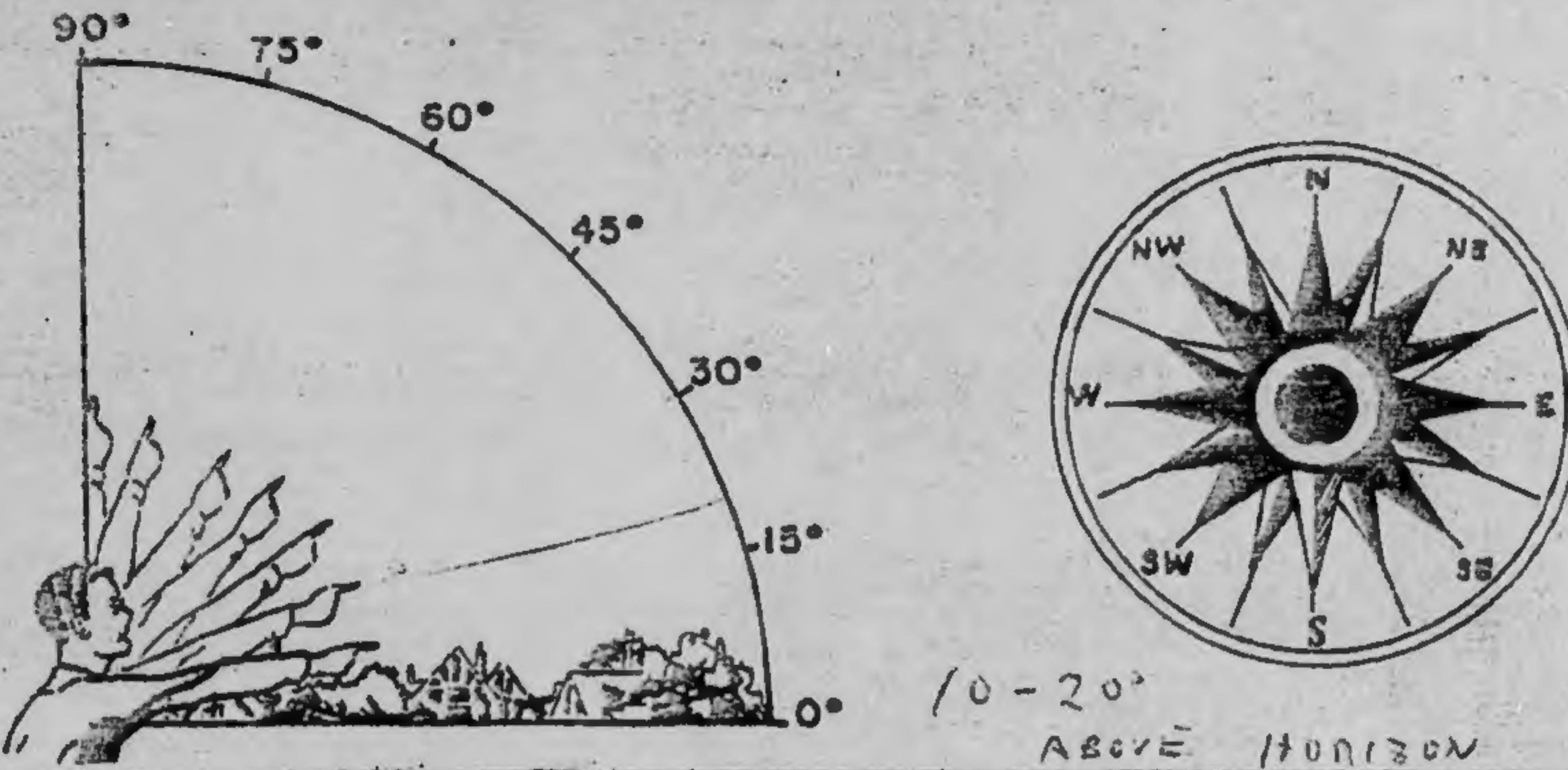
- | | | | | | |
|-----------------|-----|----|---------------|-----|----|
| a. Eyeglasses | Yes | No | e. Binoculars | Yes | No |
| b. Sun glasses | Yes | No | f. Telescope | Yes | No |
| c. Windshield | Yes | No | g. Theodolite | Yes | No |
| d. Window glass | Yes | No | h. Other | | |

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

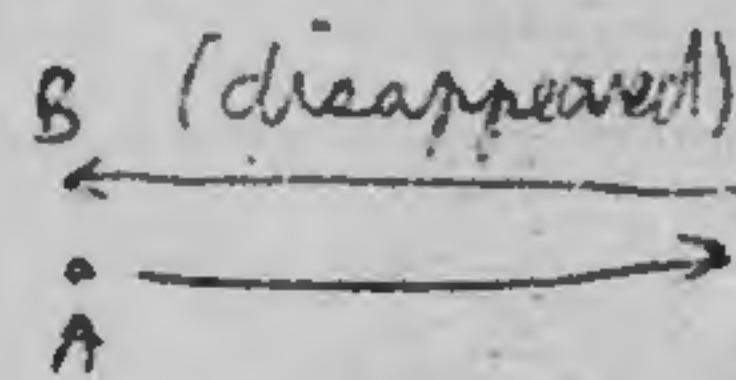
RAY'S FROM SERVICE LIGHTS

BUT NO BEAM VISIBLE

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass where you last saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? 2

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes

No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes

No

31.2 Please list their names and addresses:

[REDACTED]

32. Please give the following information about yourself:

NAME _____
Last Name

First Name

Middle Name

ADDRESS _____
Street

TERRACE PARC

City

Zone

State

TELEPHONE NUMBER _____
[REDACTED]

AGE 46

SEX M

Indicate any additional information about yourself, including any special experience, which might be pertinent.

RADAR (WWII)
OPERATOR

33. When and to whom did you report that you had seen the object? F10 DD-27 N.E. HALL

18 NOV 65
Day Month Year

34. Date you completed this questionnaire:

18 NOV 65

Day

Month

Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.